STATE FORM

Division	of Health Service R	·	FORM APPROVED			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIES		(X1) PROVIDER/SUPPLIER/OLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL080014	B. WING		R 04/14/2016	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
BROOK	DALE BALISBURY	SALISBŲ	TESVILLE II RY, NC 281	OULEVARD 47		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREPIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REPERENCED TO THE APPROP DEFICIENCY)	D BE QOMPLETE	
(C 000)	Initial Comments		(C 000)			
	Report of a Follow- Miller and April 14,	Up Construction Survey by Ed 2016.			,	
,	Biennial Constructi	iencies cited during the on Survey, have not been ted and will require a new		,		
(C 160)	Outside Premises-	Clean, Safe	{C 160}	,		
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are; (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;		Meintenance Tech will ensure remove any loose shingles and replace with new shingles as needed. Maintenance Tech will also ensure that the soffit is replaced for both the Freezer and the Fire Wall at the attic. MT will observe the			
			roor	n and soffit on a monthly basis to ensure complia	nce.	
	This Rule is not me 1. Based on observas not maintained permit vermin etc. t	vation, the outside premises in a safe manner. This will	Thia	is to be completed by May 17, 2016.		
,	at the firewall	, 2016: removed and the attic is open removed and the attic is open				
(C 189)	Building Equipment	Maintained Safe, Operating	(C 189)			
_	mechanical, and plu care home shall be					
Avision of He ABORATORY	aith Service Regulation DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	AFMRE /	TITLE	(X6) DATE	
TATE FORM		Tefan	55-W	(4) (1)	# continuation sheet 1 of 3	

No. 3801 PRIIP. 5: 04/27/2016 FORM APPROVED

Division of Health Service Regulation FORM APPROVED							
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDENSUPPLIER/OLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION		SURVEY	
		HAL080014	B. WING	<u></u>		R 14/2016	
NAME OF	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY,	STATE, ZIP CODE	,		
вкоок	DALE SALISBURY	_	TESVILLE B	OULEVARD 47			
(X4) ID PREFIX TAG	8UMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION GROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLETE		
(Č 189)	Continued From page 1		(C 189)				
	facilities with the ex	apply to new and existing ception of Paragraph (e) y to existing facilities.			,		
	maintained in a safe the fire-resistance re	ation, the building was not manner by not maintaining ating of building components, residents by not containing e room or smoke	1	ance Tech will ensure that all exit signs a orking order on a weekly besix and replac		êvdad.	
ļ	Findings on April 14 g. In the Activity roo dropped revealing a	, 2016: om a sprinkler escutcheon has n opening to the attic.	MT will ensure that all toilets are safely secured and mounted to floor				
	These unprotected openings are not in conformance with the requirement to use a through penetration fire stop system that has been tested in accordance with ASTM E-814.			re their integrity is intact. This is to be co			
	 Based on observ equipment was not r operating. 	ation, the building plumbing naintained safe and	,				
	Findings on April 14, Bedroom 3 bathroon from the floor. Secu	n has a toilet coming loose					
	signage and emerge maintained in a safe	ation, the building exit oncy illumination were not manner. This would affect exping the exits visible in an	1				
	Findings on April 14, Exit signs and emerg in the following locat	ency lights are not working					

9V4522

Division	of Health Service R	equistion			FORM	APPROVE	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
		HAL080014	n. wing	<u> </u>		R 14/2016	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	'-		
BROOK	DALE SALISBURY		NTESVILLE BO JRY, NC 2814				
(X4) ID PREFIX TAQ	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX YAG	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLE OROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)			
(C 189)	Continued From pa	nge 2	(C 189)				
	a) In the North Hal lights are not work!	l/Bistro area the Emergency					
	 b) In the Dining Ro corridor is not work 	oom the Exit sign to the ing	,				
	 c) Corridor emerge working 	ncy light at the Kitchen is not					
	 d) The Exit Light no battery backup 	ear room 31 is not working on					
		•			,		
luleles ed lis	alth Service Regulation				•		